

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1		1		
3		1		1		
4		3		1		
5		1		1		
6		4		1		
7		1		1		
8		2		1		
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TOTAL IND.	1	1	1	1		
TOTAL DEP.	9	1	7	1		
TOTAL CLAIMS	10	1	8	1		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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